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Request for Document Certification (Apostille/Authentication)

Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 notary@ks.gov www.sos.ks.gov

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	THIS SPACE FOR OFFICE USE ONLY.
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Note: Document(s) needing certification must be enclosed. Certification requests are generally processed within 3-5 business days from the date they are received in our office. Requests for certification should be mailed to the Secretary of State at the address above.

	or clary or otate at the add	icoo above.							
1.	Name of requestor:	Name							
	•••••								
2.	Document type: (E.G. Birth Certificate, Power of Attorney, High School Diploma, etc.)								
3.	Name of foreign country requesting certification:	Country							
	Contact phone number:	Phone							
5.	Contact email:	Email							
6.	Payment information:	(The fee for certification is \$7	'.50 for e	ach docu	ment that is sent	t in.)			
	(Checks and money orders should be made payable to the Kansas Secretary of State.)	Credit Card Number		Expiration Da	te (MM/YYYY)	Billing Zip Code			
7.	Method of return of certif	fied documents:							
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	☐ I have enclosed a self	osed a self-addressed pre-paid envelope. rge the above credit card and return the documents to me by:							
	☐ Please charge the abo								
	FedEx First Overnight	t FedEx Standard Overnigh	nt						
	FedEx 2Day	FedEx International Priori	ty [UPS (Ur	nited States only)				
	FedEx account number: UPS account number:								
	Return address for FedEx or UPS delivery:	Name							
	Address								
		City	Sta	te	Zip	Country			